


2001 AR1000 ARKANSAS INDIVIDUAL INCOME TAX RETURN Full Year Resident

Jan 1 - Dec 31, 2001 or fiscal year ending , 20 Dept. Use Only

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USE LABEL PRINT OR TYPE	FIRST NAME(S) AND INITIAL(S) (List both if applicable)	LAST NAME(S) (See Instructions)	YOUR SOCIAL SECURITY NUMBER		
	PRESENT ADDRESS - NUMBER AND STREET, APARTMENT OR RURAL ROUTE		SPOUSE SOCIAL SECURITY NUMBER		
	CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE		HOME TELEPHONE: WORK TELEPHONE:		
FILING STATUS Check Only One Box	1. <input type="checkbox"/> SINGLE (Or widowed before 2001 or divorced at end of 2001)		4. <input type="checkbox"/> MARRIED FILING SEPARATELY ON THE SAME RETURN		
	2. <input type="checkbox"/> MARRIED FILING JOINT (Even if only one had income)		5. <input type="checkbox"/> MARRIED FILING SEPARATELY ON DIFFERENT RETURNS		
PERSONAL CREDITS	3. <input type="checkbox"/> HEAD OF HOUSEHOLD (See Instructions)		Enter spouse's name here and SSN above		
	If the qualifying person is your child but not your dependent, enter this child's name here:		6. <input type="checkbox"/> QUALIFYING WIDOW(ER) with dependent child. Year spouse died:(See Instructions)		
HAVE YOU FILED A FEDERAL EXTENSION? <input type="checkbox"/> Check this box if you have filed an Automatic Federal Extension Form 4868. (See Instructions)					
PERSONAL CREDITS	7A. <input type="checkbox"/> YOURSELF <input type="checkbox"/> 65 or OVER <input type="checkbox"/> 65 SPECIAL <input type="checkbox"/> BLIND <input type="checkbox"/> DEAF <input type="checkbox"/> HEAD OF HOUSEHOLD/ QUALIFYING WIDOW(ER)				
	<input type="checkbox"/> SPOUSE <input type="checkbox"/> 65 or OVER <input type="checkbox"/> 65 SPECIAL <input type="checkbox"/> BLIND <input type="checkbox"/> DEAF				
	7B. First name(s) of dependents: (Do not list yourself or spouse)		Multiply number of boxes checked from Line 7A ... <input type="checkbox"/> X \$20 =		
	7C. First name of developmentally disabled individual(s): (See Instr.)		Multiply number of dependents from Line 7B ..... <input type="checkbox"/> X \$20 =		
INCOME	7D. TOTAL PERSONAL CREDITS: (Add Lines 7A, 7B and 7C. Enter total here and on Line 43)		Multiply number of developmentally disabled individuals from Line 7C ..... <input type="checkbox"/> X \$500 =		
INCOME	ROUND ALL INCOME FIGURES TO WHOLE DOLLARS		A Your/Total Income		
	8. Wages, salaries, tips, etc.: 8		B Spouse Income Status 4 Only		
	9A. U. S. military compensation pay: (Your/joint gross amount) 9A				
	9B. U. S. military compensation pay: (Spouse gross amount) 9B				
	10. Minister's income: Gross \$ Less rental value \$ 10				
	11. Interest income: (If over \$400, attach page AR4) 11				
	12. Dividend income: (If over \$400, attach page AR4) 12				
	13. Alimony and separate maintenance received: 13				
	14. Business or professional income: (Attach Federal Schedule C or C-EZ) 14				
	15. Capital gains/losses from stocks, bonds, etc.: (See Instr. Attach Federal Schedule D) 15				
	16. Other gains or (losses): (Attach Federal Form 4797) 16				
	17. IRA distributions and fully taxable annuities: 17				
	18A. Employer pension plan/Qualified IRA: (Your/Joint gross amount) 18A				
	18B. Employer pension plan/Qualified IRA: (Spouse gross amount) 18B				
	DO NOT ADJUST LINES 18A AND 18B FOR COST RECOVERY. (See Instructions).				
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach Federal Schedule E) 19				
	20. Farm Income: (Attach Federal Schedule F) 20				
	21. Other income: (List type and amount. See Instructions) 21				
	22. TOTAL INCOME: (Add Lines 8 through 21) 22				
	ADJUSTMENTS	23. Payments to <input type="checkbox"/> IRA and <input type="checkbox"/> MSA: (See Instructions) 23			
		24. Deduction for interest paid on student loans: (See Instructions) 24			
		25. Contributions to Intergenerational Trust: (See Instructions) 25			
26. Moving expenses: (Attach Federal Form 3903 or 3903F) 26					
27. Self-employed health insurance deduction: (See Instructions) 27					
28. KEOGH and Self-employed SEP and Simple Plans: 28					
29. Forfeited interest penalty for premature withdrawal: 29					
30. Alimony/separate maintenance paid to: Name: SSN: 30					
31. Border city exemption: (Attach Form AR - TX) 31					
32. Support for permanently disabled individual: (Attach Form AR1000DC) 32					
33. TOTAL ADJUSTMENTS: (Add Lines 23 through 32) 33					
34. ADJUSTED GROSS INCOME: (Subtract Line 33 from Line 22) 34					

		A YOUR INCOME		B SPOUSE INCOME STATUS 4 ONLY	
TAX COMPUTATION	35.	ADJUSTED GROSS INCOME: (From Line 34, Columns A and B, Page AR1) .....	35	00	00
	36.	Select tax table: (Check the appropriate box) <input type="checkbox"/> <b>LOW INCOME</b> Table 1 <input type="checkbox"/> <b>REGULAR</b> Table 2 If you qualify for the Low Income Tax Table, enter zero (0) on Line 36A. If not, then: Enter the <b>larger</b> of your: <input type="checkbox"/> <b>Itemized Deductions</b> (See itemized deduction schedule, Line 28) OR <input type="checkbox"/> <b>Standard Deduction</b> (See Standard Deduction Instr., Line 36) .....	36	00	00
	37.	NET TAXABLE INCOME: (Subtract Line 36 from Line 35) .....	37	00	00
	38.	Tax: (Enter tax from tax table) .....	38	00	00
	39.	Combined tax: (Add amounts from Lines 38A and 38B and enter here) .....	39		00
	40.	Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD) .....	40		00
	41.	IRA and qualified plan withdrawal and overpayment penalties: (Attach Federal Form 5329, if required) .....	41		00
	42.	<b>TOTAL TAX:</b> (Add Lines 39 through 41) .....	42		00
TAX CREDITS	43.	Personal Tax credit: (Enter total from Line 7D, page AR1) .....	43	00	
	44.	Working Taxpayer credit: (See Instructions. Attach AR1328) .....	44	00	
	45.	State Political Contributions credit: (Attach schedule) .....	45	00	
	46.	Other State Tax credit: (Attach a copy of other state tax return(s)) .....	46	00	
	47.	Child care credit: (Attach Federal Form 2441 or 1040A, Sch. 2, 20% of Federal credit allowed) .....	47	00	
	48.	Credit for adoption expenses: (Attach Federal Form 8839, 20% of Federal credit allowed) .....	48	00	
	49.	Phenylketonuria Disorder credit: (See Instructions. Attach AR1113) .....	49	00	
	50.	Business and Incentive Tax credit: (Attach schedule and certificate) .....	50	00	
51.	<b>TOTAL CREDITS:</b> (Add Lines 43 through 50) .....	51		00	
52.	<b>NET TAX:</b> (Subtract Line 51 from Line 42. If Line 51 is greater than Line 42, enter 0) .....	52		00	
PAYMENTS	53.	Arkansas Income Tax withheld: (Attach State copies of W-2s) .....	53	00	
	54.	Estimated tax paid or credit brought forward from last year: .....	54	00	
REFUND OR TAX DUE	55.	Payments made with extension: (See Instructions) .....	55	00	
	56.	Early childhood program: Certification Number: _____ (Attach Fed. Form 2441 or 1040A, Sch. 2 & Cert. Form AR1000EC, 20% of Fed. credit allowed) .....	56	00	
	57.	<b>TOTAL PAYMENTS:</b> (Add Lines 53 through 56) .....	57		00
	58.	<b>AMOUNT OF OVERPAYMENT/REFUND:</b> (If Line 57 is greater than Line 52, enter difference) .....	58		00
	59.	Amount to be applied to 2002 estimated tax: .....	59	00	
	60.	Amount to be contributed to the AR Disaster Relief Fund: .....	60	00	
	61.	Amount to be contributed to the U. S. Olympic Fund: .....	61	00	
	62.	Amount to be contributed to AR Schools for the Blind and Deaf: .....	62	00	
63.	<b>AMOUNT TO BE REFUNDED TO YOU:</b> (Subtract Lines 59, 60, 61 and 62 from Line 58) .....	REFUND	63		00
64.	<b>AMOUNT DUE:</b> (If Line 57 is less than Line 52, enter difference; If over \$1,000, See Instructions) .....	TAX DUE	64		00
64A.	Attach Form AR2210: Enter Exception in box .. 64A • <input type="checkbox"/> Penalty 64B • <input type="checkbox"/> 00				
64C.	Please attach your check or money order, made out to "Dept. of Finance and Administration", for the tax and penalty (if applicable) due. Be sure to write your Social Security Number on your check: .....	<b>TOTAL DUE</b>	64C		00
65.	Source of income not subject to Arkansas tax: (Memorandum only)				
PLEASE SIGN HERE	<b>PLEASE SIGN HERE:</b> Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Your Signature		Occupation	Date	May the Arkansas Revenue Agency discuss this return with the preparer shown below? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Spouse's Signature		Occupation	Date	
PAID PREPARER	Paid Preparer's Signature		ID Number/Social Security Number		<b>FOR DEPARTMENT USE ONLY</b>
	Preparer's Name		City/State/Zip		
	Address		Telephone Number		
 <b>Mailing Information</b>		Mail <b>REFUND</b> returns to: DFA State Income Tax, P. O. Box 1000, Little Rock, AR 72203-1000.		E •	
		Mail <b>TAX DUE</b> returns to: DFA State Income Tax, P. O. Box 2144, Little Rock, AR 72203-2144.		F •	
		Mail <b>NO TAX DUE</b> returns to: DFA State Income Tax, P. O. Box 8026, Little Rock, AR 72203-8026.			